PTO/SB/06 (08-03)

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| Un | der the Paperwo | ENT APPLIC | CATION | persons are required to the persons are required to the person of the person of the person of the person of the persons are required to the pe | RMINATIO | to a collection of in N RECORD | formation unle | ss it displa | iys a valid OMB o | control number imber |
|---------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|------------------------|--------------|--------------------|-------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) SI | | | | | | | ENTITY | OR | | R THAN ENTITY |
| | | | | ER EXTRA | RATE | FEE |] | RATE | FEE | |
| BASIC FEE (37 CFR 1.16(a)) | | | | | | s | OR | | s | |
| | AL CLAIMS CFR 1.16(c)) | , | minus 20 = | | | x s= | | OR | x s= | |
| | PENDENT CLAI CFR 1.16(b)) | MS | minus 3 | - | | x \$= | | OR | x \$= | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | + \$= | | OR | + \$= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | TOTAL | | OR | TOTAL | |
| | С | LAIMS AS AM | ENDED | – PART II | | | | _ | | |
| | | | | | (Column 3) | SMALL | ENTITY | OR | | R THAN ENTITY |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
|)ME | Total (37 CFR 1.16(c)) | . 27 | Minus | IV | = | x \$= | | OR | x s= | |
| ä | Independent (37 CFR 1.16(b)) | · 3 | Minus | ··· 3 | = | x s= | | OR | x \$= | |
| AM | FIRST PRESENT | TATION OF MULTIPL | E DEPENDI | ENT CLAIM (37 CF | R 1.16(d)) | + s= | | , OR | + \$= | |
| | | | * | | | TOTAL ADD'L FEE | | ÷ OR | TOTAL ADD'L FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | • | | • | • | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Ž | Total (37 CFR 1.16(c)) | • | Minus | ** | = | x \$= | | OR | x s= | |
| AMENDMENT | Independent (37 CFR 1.16(b)) | • | Minus | *** | = | x s= | | OR | x \$= | |
| ¥. | FIRST PRESENT | TATION OF MULTIPL | E DEPENDI | ENT CLAIM (37 CF | R 1.16(d)) | +s= | | OR | + \$= | |
| | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | |
| NT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| 뙭 | Total (37 CFR 1.16(c)) | • | Minus | •• | = | x \$= | | OR | x s= | |
| AMENDME | Independent (37 CFR 1.16(b)) | • | Minus | *** | = | x \$= | | OR | x \$= | |
| ₹ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | + \$= | | OR | + \$= | |
| | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| • | If the "Highest I If the "Highest I | olumn 1 is less tha Number Previously Number Previously | Paid For" Paid For" | IN THIS SPACE I | is less than 20, e s less than 3, en | nter "20". | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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